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Under the Paperwork Red	uction Act of 19	95, no person are require	ed to res	pond to a collection			a valid OMB control number	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL						olete if Known		
				pplication Num		10/580,488-Conf. #2387		
				iling Date		March 27, 2007		
For FY 2009			-	irst Named Inve	311LO1 -	Takumi Arie		
				xaminer Name		C. E. Leiby		
Applicant claims sma	Il entity status.	See 37 CFR 1.27	A	rt Unit		629	200	
TOTAL AMOUNT OF PAYME	NT	(\$) 810.00	A	ttomey Docket I	۷o. ۶	31459.70115U	500	
METHOD OF PAYMENT (check all that apply)								
Check X Credit Card Money Order None Other (please identify):								
Deposit Account Der	osit Account Nur	mber: 23/282	25	Deposit A	ccount Name	Wolf, Greenf	ield & Sacks, P.C.	
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
	s) indicated b						cept for the filing fee	
<u> </u>			ate of				•	
fee(s) under	37 CFR 1.16	e(s) or underpaymer and 1.17	11.5 01	x Credit	any overpa	iyments	***************************************	
FEE CALCULATION								
1. BASIC FILING, SEARC		NG FEES	SEAF	CH FEES	EXAMIN	IATION FEES		
	FILE	Small Entity	OLA	Small Entity		Small Entity		
Application Type	Fee (\$)		e (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	330		540	270	220	110		
Design	220		100	50	140	70		
Plant	220		330	165	170	85		
Reissue	330		540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES						Fee (Small Entity \$) Fee (\$)	
Fee Description Each claim over 20 (including Reissues)						52		
Each independent claim of						220		
Multiple dependent claim		ing reisses,				390		
_	xtra Claims	Fee (\$)	Fee	Paid (\$)	N	lultiple Depende	ent Claims	
Total Claims or HP =		x = _			Fe	e (\$)	ee Paid (\$)	
HP = highest number of total of	laims paid for, i							
	xtra Claims	Fee (\$)	Fee	Paid (\$)				
- or HP =		x =						
HP = highest number of indep	endent claims p	aid for, if greater than 3.						
3. APPLICATION SIZE F	EE		,		. 11 6	1. 1		
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)								
- 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00								
SUBMITTED BY		-A -1 +2						
Signature LOW	uly J.	Philoe		Registration No. Attorney/Agent)	35,986	Telephone	617.646.8000	
Name (Print/Type) Randy	J. Pritzker					Date 3 - 7	-11	

I hereby certify that this paper (along with any paper re	Certificate of Electronic Filing Under 37 CFR 1.8 any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing					
system in accordance with § 1.6(a)(4). Dated: 3-7-11	Signature: Elephelt C. Craix (